

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17691

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. LENGTH OF STAY (in this place) 2-weeks		c. CITY OR TOWN Mindenmines		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Potts Nursing Home				STREET ADDRESS (If rural, give location) 06603			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) T.		c. (Last) Williams		4. DATE OF DEATH (Month) 7 (Day) 5 (Year) '55	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 30, 1875	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) West Virginia	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME B. K. Williams		13b. MOTHER'S MAIDEN NAME Isabelle Baker		14. NAME OF HUSBAND OR WIFE (deceased) Margaret Esther Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lavonne Stone--daughter Mindenmines			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart Attack ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) 4343 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 6-7 yrs??	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 9, 1955, to July 5, 1955 that I last saw the deceased alive on July 4, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert M. Arnold MD				23b. ADDRESS Lamar, Missouri		23c. DATE SIGNED 7/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, '55		24c. NAME OF CEMETERY OR CREMATORY Liberal City		24d. LOCATION (City, town, or county) (State) Liberal, Missouri	
DATE REC'D BY LOCAL REG. JUL 7 - 1955		REGISTRAR'S SIGNATURE Marie Korantz 14-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mulberry, Ka			

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

G. Smith

Licensed Embalmer No. *39*

P. O. Address.....

Pittsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.